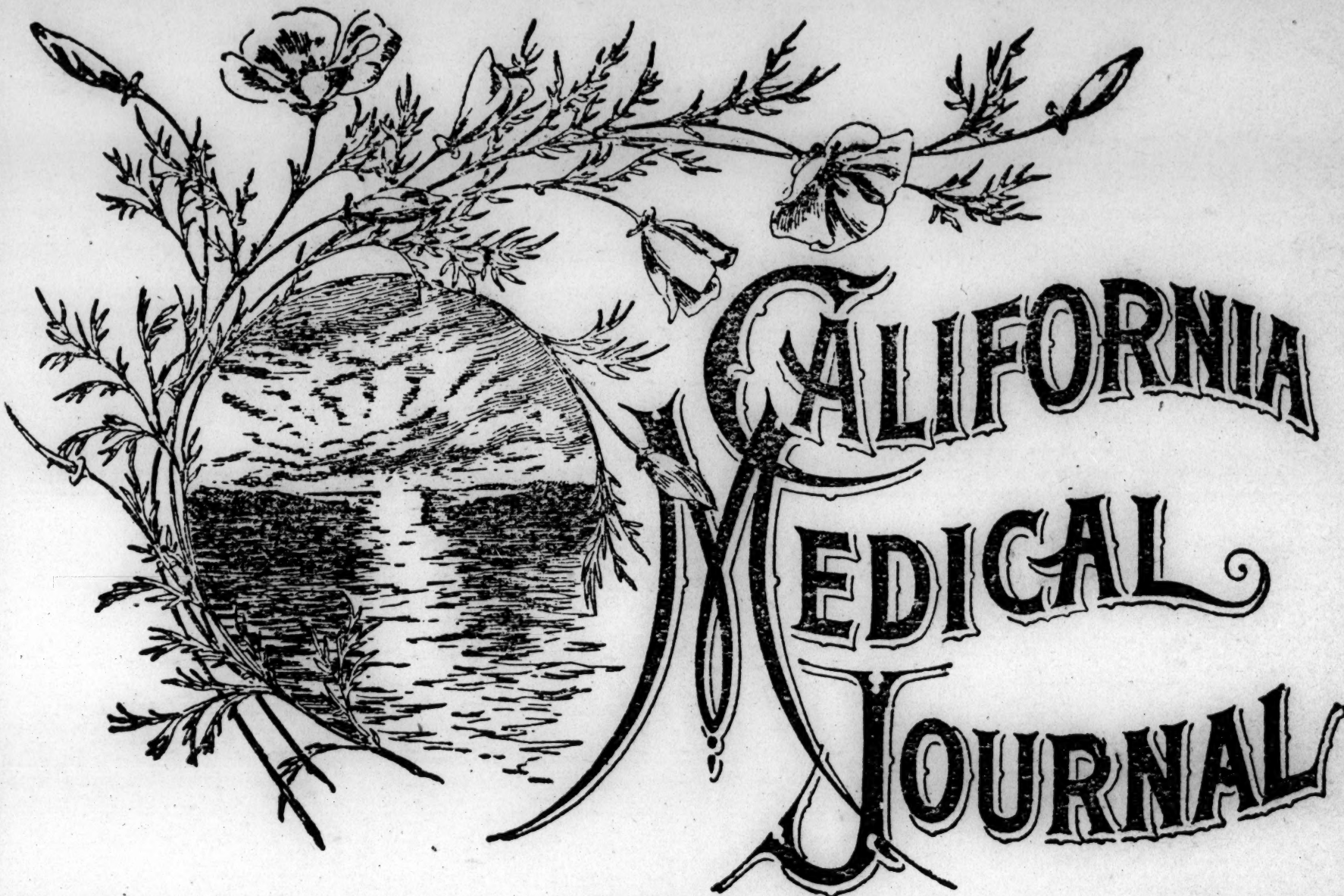


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Volume XVI.

SEPTEMBER, 1895.

Number 9.



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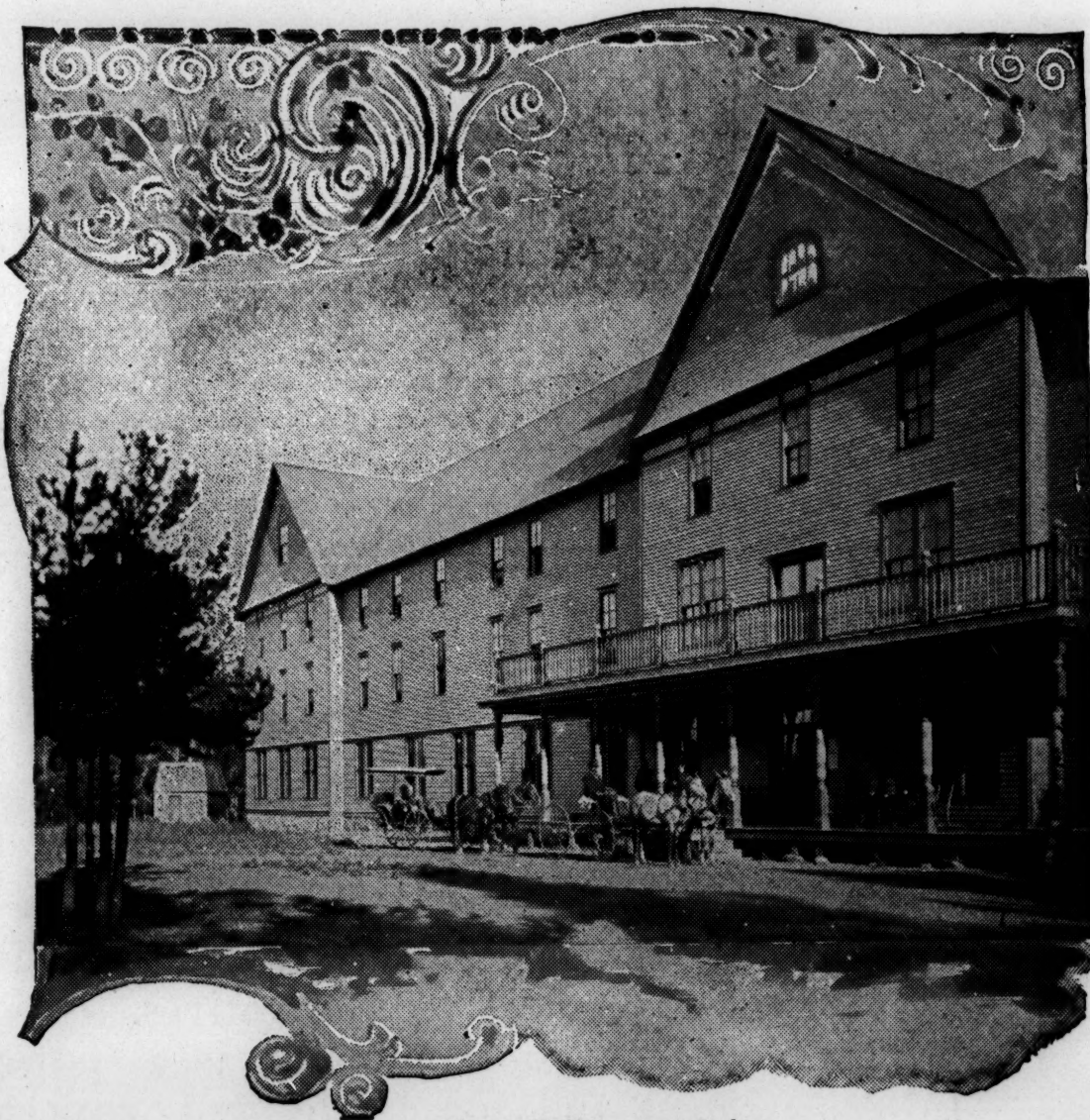
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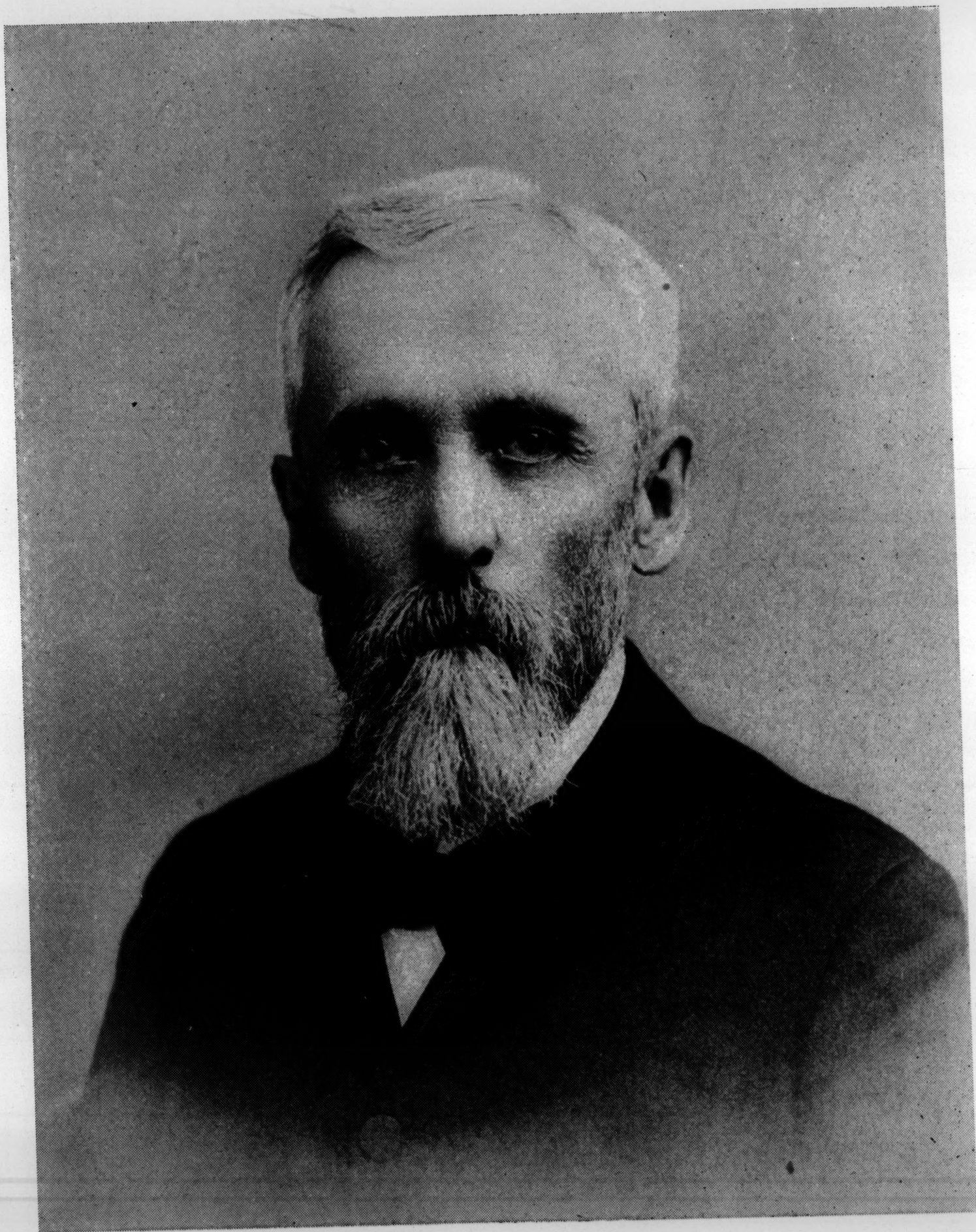
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W. B. CHURCH, M. D.

PROFESSOR OF PHYSICAL DIAGNOSIS AND DISEASES OF THE CHEST,  
CALIFORNIA MEDICAL COLLEGE.



# California Medical Journal.

VOL. XVI.

San Francisco, California, September, 1895.

NO. 9.

## *Original Articles.*

### CALOPRACTIO SURGERY. (No. 15.)

(Gr. *kalos*, beautiful, and *prassein*, to make.)

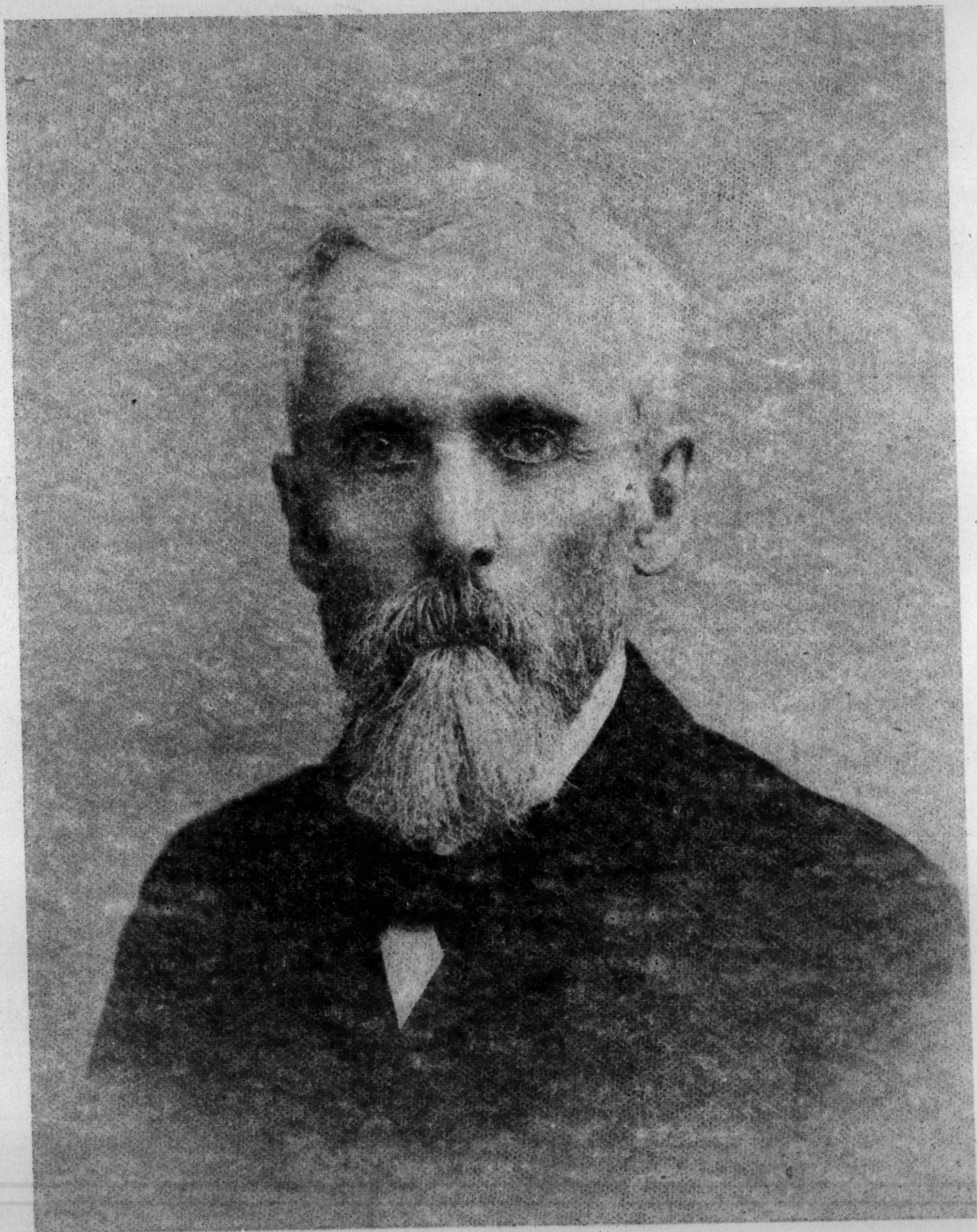
Lectures by PROF. GERR, California Medical College  
Intermediate Course, '94.

A well shaped waist should show a slight inward curve, a little more marked in women than men, owing to the comparatively greater width of the hips in the female. This distinction women are prone to exaggerate with the assistance of a constricting waist-band, and various devices of wadding or metallic structures tending to give an appearance of increased fullness above and below; probably with the idea that the more marked the variation between their own and the masculine form, the more feminine and consequently attractive to the opposite sex, is their appearance. While this idea has a modicum of truth for its basis, yet the extreme to which it is carried is likely to defeat its object and arouse only a feeling of commiseration or contempt.

The Milesian Venus with its moderately curved waist, is universally acknowledged by artists, sculptors and connoisseurs generally, to be a classic model of feminine grace and beauty. Mr. Ruskin says, "moderation is the one word which I would have inscribed over the door of every school of art; the least appearance of violence

or extravagance, of the want of moderation and restraint, is destructive of all beauty whatsoever, in everything, - color, form, motion, language or thought, giving rise to that which in color we call glaring, in form inelegant, in motion ungraceful, in language coarse, in thought undisciplined, in all unchastened; which qualities are in everything most painful because the signs of disobedient and irregular operation." Fink says "there is not one woman in a hundred who does not deliberately destroy twenty per cent of her personal beauty by the way in which she reduces the natural dimensions of her waist. The wasp waist mania is therefore the disease which most imperatively calls for cure. But the task seems almost hopeless, for it is as difficult to cure a woman of the corset habit, as a man of intemperance in drink." Dr. Lennox Browne says, "it is impossible for the stiffly corseted girl to be other than inelegant and ungraceful in her movements. Her imprisoned waist with its flabby muscles, has no chance of performing beautiful, undulatory movements. In the ballroom the ungraceful motions of our stiff-figured ladies are bad enough, but nowhere is this more ludicrously manifest than in the tennis court. Let any one watch the movements of ladies as compared with those of male players and the absolute ugliness of the female figure,





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with its stiff, unyielding, deformed, round waist, will be at once seen. Ladies can only bend the body from the hip joint. All that wonderfully contrived set of hinges with their connected muscles in the elastic column of the spine is unable to act from the shoulders downwards, and their figures remind, one of a Dutch doll." Prof. Williams says "There is one horror which no lady can bear to contemplate, viz. fat. What is fat? It is an accumulation of unburnt body-fuel. How can we get rid of it when accumulated in excess? Simply by burning it away,—this burning being done by means of oxygen inhaled by the lungs. If, as Mr. Lennox Browne has shown, a lady with normal lung capacity of 125 cubic inches, reduces this to 78 inches by means of her stays and attains 118 inches all at once on leaving them off it is certain that her prospects of becoming fat and flabby as she advances toward middle age are greatly increased by tight lacing, and the consequent suppression of natural respiration."

In addition to these aesthetic disadvantages resulting from the corset, which may not be acknowledged by the ladies, as, contrary to the common opinion, they are not the aesthetic sex, (Schopenhauer says, "women have only the sense of fashion and not that of beauty, a woman will always find beautiful the most abominable fashion if it is the prevailing method to wear that style;") many diseases are produced or aggravated by it.

The diaphragm is not only a muscle of respiration but assists in the circulation by pumping blood into the thoracic vessels. The corset restrains the action of this muscle and com-

pressing the liver obstructs the portal circulation. It prevents free motion of the stomach, intestines and abdominal muscles, and forces downward intestines, bladder and uterus; so by these means is a common cause of respiratory troubles, red nose, flushing of the face, indigestion and dyspepsia, jaundice, constipation, hæmorrhoids, uterine congestion and displacements. (Sommering enumerates ninety-two diseases resulting from tight-lacing.) In some cases, after death, the liver is found deeply creased or even hour-glass-shaped and may reach down to the pelvic cavity. (See Kellogg's Experimental Researches, respecting the Relation of Dress to Pelvic Diseases of Women. Trans. Mich. Med. Soc. 1888.) I am happy to say however that neither the use nor abuse of the corset is so prevalent at the present moment as when I first lectured on this subject and return thanks for the "bicycle habit" as being largely instrumental in bringing about much of this change for the better.

Whether the waist is too thin from pressure, or lack of use, or too thick from deposit of fat, systematic exercise will be found equally valuable. Any kind of work or play which requires bending, twisting, or balancing is of benefit. I may mention lawn-tennis, skipping-rope, handball, running, riding, or even gracehoops and bean-bags as games for girls, or indoor calisthenics (*sthenos*-strength, *kalos*-beautiful) for older women. Lifting weights from the ground at one side or behind, wrestling, walking a tight rope, top of fence or railroad track, hopping or jumping, all are good for men and boys; women and girls too for that matter.



The abdomen should be gently rounded, neither flat nor concave on the one hand, nor grossly protuberant with fat, on the other. Solomon, who from his general wisdom combined with special opportunities may be admitted to be a connoisseur, says of his (latest) love: "Thy navel is a round goblet wherein no mingled wine is wanting: Thy belly is an heap of wheat set about with lillies." The ancient Greeks detested a protuberant abdomen and much of their gymnastic exercise was directed to the prevention of excessive adiposity in this region; which condition is not only fatal to grace and beauty, but to bodily comfort and ease of locomotion. An exuberant abdomen is the bane of many people who are past the spring time of life, women especially, and is chiefly due to cessation of youthful activity, sedentary habits and over indulgence in the pleasures of the table. Many women attempt to conceal their condition by tight-lacing, apparently forgetting that fat is inelastic and but slightly compressible, (though it may be slowly displaced) and it presents a less objectionable appearance if evenly distributed, than when forced into undue projections above and below, by means of a central constriction. A plain ordinary pillow may not be particularly graceful but its appearance is never so ludicrously absurd as that of one with a tight cord about its middle.

We have shown before how tight-lacing aggravates a tendency to adiposity by interfering with free exercise and circulation. It also increases the abdominal projection by forcing downward the intestines and other viscera, which must make up in latitude what they lose in longitude. Will continue this subject, as I have not time to finish it today.

## MIND IN MEDICINE

H. MICHENER, M. D., Halsey, Oregon.

In determining the effect of medicine when administered, there is one factor that should always be eliminated but which is often overlooked. This factor is mental suggestion which may be implied, or direct. An implied suggestion is one which arises with the patient; a direct suggestion is one that is made by the the person prescribing. Suggestion may be either positive or negative, advancing or retarding the action of the medicine. The extent of the effect or suggestion is difficult of estimation as the result will be according to the intensity of the mental impression. It is well known that a physician in whom the patient has strong faith will effect quicker and better results than will one in whom the patient has no confidence. This has been observed by every one. And this confidence or faith reacts upon the physician. I may not be any more sensitive than others and again I may be.

I have noticed that I have more confidence in myself and am able to accomplish more when I feel or know that the patient has confidence in my ability to relieve. I then feel that I am master of the situation. Where it is otherwise I feel at a loss, I get rattled, and it is difficult for me to put on a bold front and make a good fight in the face of the doubts and misgivings of the patient.

Given a patient who has confidence in his physician and a determination to get well and it is immaterial what remedies are used, provided they are not depressants, for the patient will



pull through almost any disease.

If a patient strongly expects a medicine to act in a certain way it is very likely so to do. A few years ago I was treating a lady and I wished to use a ferruginous tonic pill, I did so without stating to her the purpose for which I used them. The next day her husband came to see me stating, that the pills had physicked his wife terrifically. I explained to him that they were not that kind of a pill, and for him to tell his wife that they were only a tonic pill. Upon learning this the carthartic action ceased. The lady thought that pills were only used for the one purpose and the mental impression, or suggestion united with a strong expectation produced the result.

A lady came from a neighboring town to consult me. She had been suffering for six months or more and had treated with many physicians and had taken various proprietary preparations and, like the woman in the Scriptures, was nothing bettered. She complained of insomnia, had not slept for three hours at a time for six months, so she said, rheumatism of the chest and left shoulder, a lump in right breast that she was afraid would be a cancer, (I couldn't find the lump tho' I did not tell her so,) palpitation of the heart, constipation, urinary trouble, womb trouble, etc. *ad nauseam*, altogether a pitiable condition, according to her story. After a close examination I decided that other than indigestion, that her maladies were imaginary, but nevertheless distressful to her. She said if I couldn't help her to say so, that they had paid out so much money uselessly that they didn't want to treat with me unless I could

promise relief. After listening to her tale of woe I told her that I could not only help her but I could cure her and that the first dose of the medicine would give her remarkable relief, that she would sleep pretty well the first night, and there-after she would sleep like a babe. She said that she could scarcely believe it. But I impressed upon her positively that I thoroughly understood her condition and that I was as positive of curing her as I was of a crown of glory, in "the sweet by-and-by." That there was no possibility of failure in her case. I fixed her up some medicine for her indigestion and gave her strict injunctions as to the time of taking it and told her to report in eight days. At the end of the specified time her husband reported that she slept well the first night after taking the medicine and that the next day she did the family washing, something that she had not been able to do for six months, the lump had left her breast and that she was singing my praises to every one in the vicinity. Since then I have prescribed for her on several occasions and it is immaterial what her complaints are, or what I give her, as the medicine always acts just as I tell her it will do. She expects a certain result and obtains it.

Again we have patients who delight in the mysterious; a remedy whose ingredients are known having no satisfactory effect but if the ingredients are unknown to them the medicine will work admirably. There is a party in this vicinity who has his mind's eye directed constantly in the region of his prostate gland; it is continually giving him trouble. Any remedy will help him until he finds out what he is



taking and then the medicine loses its efficacy. He concluded one time that it was piles that was carrying him to the grave, instead of his "prostrate" gland, (as he calls it,) and he came to me to see if I could cure him.

I told him that I had a specific for piles that had been communicated to me as a professional secret and I would try it on him, that it had never been known to fail, etc. I prescribed Sulphur 1x, one grain to be taken alternate evenings. Two doses cleared up his piles, and he would swap his expectation of future happiness, to to learn what it was that he took. At present he is using Ely's Cream Balm for his prostate, and he told me that he was helped wonderfully. I knew another man that got more relief for his imaginary troubles, by using Lydia Pinkham's Vegetable Compound than he ever got from any thing else.

I have met several who could not take quinine. In such cases I prescribed the old Eclectic blue powder (quinine and iron ferrocyanide,) and it worked to perfection and they were none the wiser. One lady that I know can not take Dover's powders but if you will write the prescription in Latin she will take the powders right along without trouble.

A buckeye carried in the pocket is just as sure a cure for the piles as a potatoe is for the rheumatism. And if there is sufficient faith exercised I will not dispute their efficacy. We have not out-grown "the rabbit-foot" theory yet.

The Christian Scientists, are performing some wonderful cures every day. They recognize and use this power of mind. As a man thinketh so he is. If he thinks that he is sick,

he is sick, and placebo treatment is what he needs and is what will cure him. You must impress his mind.

It is no humbuggery to so treat them. The means and cure are legitimate. Imaginary disease requires imaginary medicine. I am not sure but if we used more imaginary medicine and less of the actual, that we would have better success and I suspect that often it would be better for our patients.

### A TRIP TO SWEDEN.

L. C. H. KYLBERG, M. D.

On perusing the last issue of our JOURNAL I was at first delighted to see an account of a trip to Sweden, described by a California Medical College graduate.

The doctor gives ample evidence of being a lucid writer ; but I found that imagination, and possibly the love of appearing clever, had carried away her good judgment.

The statement is made that "Sweden is very liberal in sending its criminals and its poor and general surplus of population to America." Sweden is fully capable and does, admirably well, take care of her own criminals. A man found guilty of murder or manslaughter is not "let off with a fine and palmed off to America!" Such a statement, made of any civilized country, is almost too ridiculous to deny.

When the writer begins to review the educational facilities and achievements of Sweden and the Swedes, her statements are equally misleading to one not acquainted with the subject. Education in Sweden is open and free to all. Even the medical course does not cost the student a red cent in col-



lege fees—the only expenses of a medical student being his books and cost of living at the university. The reason why the medical studies generally cover a period of ten years is the fact that about four years of active hospital and experimental practice is obligatory to gain the diploma of full-fledged M. D. But if a foreign practitioner is desirous of practicing medicine he is allowed just as much time as his foreign diploma represents, and is permitted to complete his course in a university, according to the requirements of the country; just as an American graduate with a three-years diploma is required to take two years of lectures in England, in order to qualify for practice in that country.

"The father's rent roll" certainly has a great role to play in the educational opportunities of the youth all over the civilized world—but if the doctor means to insinuate that in Sweden education or examinations for degrees are bartered off to the highest bidder, she is just as badly mistaken as when she tells us that the parish minister has the "say so" regarding who shall devote his life to this occupation or that.

If the author of the article now under criticism would like to learn something authentic about a land that has fostered not only some of the greatest heroes of war that the world ever knew, but, what is of far greater importance to mankind, some of the brightest scholars in the arts of peace, as, for instance, such men as Celcius, Linne, Berzelius or a John Ericsson; yes, if the doctor would like to learn something reliable regarding the beautiful "land of the midnight sun," then I would recommend to her, and

also to anyone that would like to enhance his or her knowledge of the world and the people that dwell thereon, to read a book lately published by Hon. W. W. Thomas, Jr., late United States minister plenipotentiary to Sweden, entitled "Sweden and the Swedes."

Hoping that I have not encroached too much on your space, I will take the advice of Dr. Pierce and have no more "spirited declamation" on the Swedish question, as it is as much out of the medical line as the silver question. But the article referred to was too much for a Swede, like myself, to swallow and keep quiet.

### PROBLEMS.

G. P. BISSELL, M. D., Cedarville, Cal.

I have a problem or two for your city doctors to solve. I lay them the more directly before the doctors of the cities, because, there, people are much more affected by abnormal and unhygienic surroundings than they are in the country, and therefore the opportunities for arriving at correct and definite conclusions on the especial features of these problems are much greater than in the country.

I am accustomed to give one or other of three remedies for frontal headache whenever I can not trace a functional derangement to digestion, and I give them in frequency about in the order named, —Rhus. Tox., Gelsemium and Bryony. I give the latter when the pain is about the root of the nose or above and almost between the eyes and on the right side, thinking of nasal catarrh. But in all other cases, I administer the medicine, what-



ever it be, empirically, or without other reasons than the experience of having learned that those remedies do control and cure pain. I give Rhvs for pain on the left side and at the anterior fontenelle. Gelseminum for general pain, especially in the temples. By this practice I have success.

Now the problems are these: I want to know the reason of things, and want the city doctors to find out and give the *modus operandi*, or reasons.

Falstaff said if reasons, or as the word was then pronounced—raisins—were as thick as blackberries, he would give no man a raisin on compulsion. But without compulsion, I hope to get a reason.

Are the kidneys at fault in some or all of these headaches, or only the digestion? Is there albumen in the urine? Is there even a fault of the digestion? I am accustomed to trace nearly all disorders to lesions of assimilation. Am I right, or is it only a hobby and fad of mine?

Now ye city doctors who have the best of opportunities, get in and show your skill in tracing physiological and therapeutical cause and effect. I await the solution.

### WHAT WAS THE MATTER?

G. P. BISSELL, M. D., Cedarville Cal.

About the first of this month of July 1895, I was called to see Mrs. B—, then *enciente* with her third child. She had been running a sewing machine and was threatened with abortion which I readily controlled with Black Haw. I am tempted to put in a parenthesis here cautioning ladies not to run the sewing machine dur-

ing the last half of pregnancy, unless they want premature delivery. I have traced several cases of miscarriage and deaths of foetuses to this cause. But how a woman will act, passes man's comprehension.

About July 15th she rather over exerted herself by catching at a falling child, and was again threatened, for which I gave the same drug. The next afternoon I was called in haste. I found the lady pale and prostrated, the pulse about thirty per minute large and very hollow, as if there was but the end of a wave under the fingers. Gave Chloral Hydrate, followed by Ergot, and made digital examination, expecting to find flooding, but was surprised to discover no trace of blood. But what I did find nonplussed me worse. The mouth of the womb was all agape, and the head of the child lay low down in the superior strait. Placing my other hand on the abdomen, I found the whole womb as flaccid as the mouth. I now began kneading which aroused the womb to some action and presently had the woman make expulsive efforts. This roused the uterus so that I could feel it under my hand. Again making digital examination, I found the os closed up, and the foetal head receded well into the maternal abdomen.

The women now being out of immediate danger, and I at my wits end, I took refuge in masterly inactivity and called for a consultation, it being now about 4 p. m. Counsel arrived about midnight; said it was a queer case. We concluded to give iron and salts for albumin-uria, which was not very pronounced, but existed; put her on a milk diet for three days and—waited.



She amended slowly, was comfortable but on Saturday had another experience of prostration, but not so extreme. On Saturday the 21st, at 4 a. m., I was called in a hurry; when I got there the child was born, and a pain was in progress which expelled the after-birth. The child weighed 4 pounds. The mother thought that it was premature by six weeks, but the nails were grown, and it flourishes nicely.

Now what was the matter? I asked an old doctor of 83 years (I am 69) and he said that every woman has her own way of having babies. I have got no farther than that in my conclusion, save to think it a queer way.

I wish to say one thing more; that I was saved from making a serious mistake owing to my practice of always relying on nature. Had forceps been at hand when she seemed so near death's door, I should have delivered by their aid and done decidedly wrong; perhaps sacrificed the life of mother or child, or possibly both.

### ONE CAUSE.

G. W. HARVEY, M. D., Williams, Ariz.

I feel sure from the small experience that I have had, that one of the prominent causes of prolapse and uterine retroversion in grown girls and young women is the voluntary retention of urine, together with tight-lacing.

It is a very common thing for young females to hold their urine until their bladder will all but burst. A distended bladder will of course tip the uterus back against the rectum, and a pair of forcing corsets will crowd the viscera into the pelvis and cause prolapse.

### A COATED TONGUE.

G. W. HARVEY, M. D., Williams, Ariz.

When our newly fledged M.D. leaves the sheltering arms of his *Alma Mater* and goes out into the wide world to practice for himself, he has "tongue indications" stored away in the convolutions of his mental snuggery where he can get at them without any trouble. He knows that a tongue coated heavily at the base, calls for an emetic, just as well as a fiddler knows when to call a change.

I was so sure of this when I started out that I puked a fellow almost into a fit. He had stomach trouble and a tongue coated at the base. My emetics did no more good than bread pills. I worked and worried and studded along, until I chased the thing down into the colon.

I had learned a lesson. It is a pretty hard job to puke a fellow's colon out. I have met some two or three cases since with a coated tongue at the base, and the seat of trouble was in the colon, and the descending portion as a rule.

Where the colon is affected the tongue may be coated almost one half from base to tip; but the coat, so far as my observation goes, always has a yellowish tinge, and I would say to the young M. D's. who have not already learned the lesson, to look and think twice before puking a patient from tongue indications alone.

I have had fair success with:

R. Podophyllin	gr. v
Ext. Nux	gr. xii
Ferri Sulph.	
Pulv. Aloes.	
Ext. Taraxacum aa	gr. XLV
Ft. pilula No	XLV
M. Sig. One before meals and on going to bed. When bowels move omit one a day and then two and finally all.	



### THE NATIONAL.

ELY GETTHERE, M. D., Sweetbrier; Wayback.

EDITOR JOURNAL:—It is with pleasure that I note the coming of the National Association as far as Oregon, and say, with "Father Mac," in his editorial in the August issue, "I see the dawn of my ambition, and welcome the National as a means to the end."

It is not so very long ago since it was mentioned by an earnest Eclectic that an effort should be made to hold a session of the National in San Francisco. Of course the conventional "kick" was immediately registered. Cold water? Great Scott! It was lumpy with ice, and slowly and deliberately poured down his swan-like neck, until the icicles—well, they have not as yet disappeared from his whiskers, and it's a whole year since the suggestion was made.

Now the people of the National, with a great deal of forethought, have decided to meet next year in Portland, Oregon, and again that "kick" is introduced. Why? Is it because the "kicker" was not the power behind the throne, which produced this result? Or, is it because he believed the time had not yet arrived when he would launch forth as the father of the very move he is now apparently opposed to? "Honor to him to whom honor is due." I do not believe that our friend Webster, in his heart's hot cells, is opposed to the National meeting in Oregon. On the contrary, I could almost prophecy that, later in the campaign, he will be one of the warmest promoters of its success, and, no doubt, be one of the brainiest debaters on the floor of the session. We who have known

him for many years, know him to be like the stern parent, who, when the boy proposes, steps in and apparently disposes; but, when the scrimmage is over, the infant is usually at the top of the heap, and dad is off to one side, chuckling to himself and admiring the youngster for his pluck and energy.

Enough said. Every Eclectic on the Pacific coast should put his shoulder to the wheel and use every means in his power to make the Oregon session a singular success, and prove to the medical world that the Eclectic physicians of this coast are up to the times in their own interests.

No doubt, some of us poor devils living in the country may now entertain fears as to the plumpness of our wampum belts, but we must bear in mind the confidential though publicly expressed opinions of the money-bags that "times will be booming in the fall." Therefore, let us live in hope—though we die in despair.

Hail! to the session of the National in Oregon! Tiger!

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In the treatment of the uric acid diathesis, too little attention has been paid to the absolute quantity of food taken. It is of little consequence what diet be given, provided the digestive tract be healthy and free from fermentations. To avoid uric acid production we need only reduce *luxus consumption* to the vanishing point.—*Journal American Medical Association*.

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"They who climb must count to fall,  
But each new fall will find them  
climbing still."

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"Alas, how easily things go wrong,—  
A word too much or a kiss too long.  
Then falleth a mist and blinding rain,  
And life is never the same again."



### THE NATIONAL IN '96.

W. S. MOTT, M. D., Salem, Oregon,  
Sec'y Oregon State Eclectic Medical Association.

Shall the National meet in Portland, Oregon, in June, 1896, or shall the Eclectics of the Pacific coast, by their icy effluence, send such a chill through the hearts of our eastern brethren that they dare not invade Oregon's fertile soil and breathe the air of the grandest climate on earth? Shall we, by our frigidity, prevent the "wise men of the east" from attending the National in a state whose natural advantages are so extensive and varied that they cannot be duplicated on American soil? In a state that produces everything, horticulturally and agriculturally, that can be grown between the tropics; in minerals, everything that is found beneath the surface of the earth; and these together with all the advantages of the sea, and a people, who, for hospitality, generosity, intellectual ability and progressiveness are never surpassed? With all these advantages and the "Lord" for Governor, why is not Oregon the place to assemble this most important of all medical organizations? Just what power Brother Curry brought to bear on the National Electoral Committee at Waukesha, I do not know; but the report of said committee appears to have been unanimous in favor of Portland, Oregon, as the proper place to hold the next annual meeting of the National. It is fair to presume, also, that said committee was composed of men of good judgment. Then the error of the committee (if err they did), should be accounted for in some way. Can it be that they were

so enwrapped with the personnel of our lone delegate from Oregon; so enchanted with his oratorical and magnetic influence; so hypnotized, as it were, that they were not competent to decide such an important question? If such were the case, then I think the success of the National will be assured if Brother Curry will make a tour of the states and camp a short time with each "Doubting Thomas" (commencing with Brother Webster), and extort a promise and a forfeit from each, to attend the National Eclectic Medical Association in Portland, Oregon, in June, 1896, on peril of his life.

I think, however, that the suggestion of Prof. Webster is a good one, namely, for each one who will attend to place himself on record to that effect. Let us have an opinion from each Eclectic whose good fortune it is to be a reader of the CALIFORNIA MEDICAL JOURNAL. I wish to be put on record as one who will attend and do what he can to make the National a success in 1896. What is your opinion, brethren?

### THE NATIONAL MEETING IN PORTLAND.

JOHN FEARN, M. D., Oakland, Cal.

Though I may risk being dubbed a pessimist, or a slinger of cold water, yet I would say that, in my opinion, it would be a serious mistake for the National Eclectic Medical Association to hold its annual meeting in Portland next year.

Dr. Webster has so well expressed my views in the August number of this JOURNAL that I shall, in mercy to your space, refrain from going over



the ground, and will just say, on this proposition, that I am with him.

I am very sorry that the worthy dean of the California Medical College—the redoubtable Mac,—is likely to have his ambitions frustrated. I know he has waited and worked and suffered long for the success of our cause on the coast ; but for any help and glory that will come to our cause from having our meeting in Portland, it seems to me that he will have to work, wait and suffer more.

Without taking more space, I would refer you for my sentiments to Prof. Webster's letter; remarking, in conclusion, that should the meeting be held in Oregon I will try and be there, if spared. But, believing that it is not for the interests of the cause we are engaged in, I trust that those who have the matter in hand will see fit to make a change.

#### REPORT OF A SUCCESSFUL LAPAROTOMY.

It is seldom that the surgeon meets with a more favorable case for operative procedure, after invading the abdominal cavity, than was presented by a patient of Dr. Scott's, recently operated upon by our professor of surgery, Dr. G. G. Gere. The case was one which would have been ideal for the young operator. No adhesions were present and the pedicle of the tumor, which was of ovarian origin, was no greater than the diameter of the index finger.

*Technique of Operation.*—The operation was performed at Dr. Scott's private hospital, a room being fitted up and made as aseptic as modern surgery

requires. For cleansing the hands and arms, the operator, Dr. Gere, and his assistants, Drs. Scott and Herrick, used the three solutions, permanganate oxalic and bichloride, rinsing off with alcohol and sterilized water.

The anæsthetic used was chloroform, administered by Dr. Miller. The site of the operation having been previously prepared, an incision was made in the linea alba, about two inches below the umbilicus. There being little adipose tissue, the peritoneum was soon reached and opened upon a grooved director. The incision was then enlarged, and an exploration for adhesions and the size of the pedicle made. There being no adhesions, and a very small pedicle, the opening was further enlarged and the tumor lifted out. It was an ovarian fibro-cyst, measuring about eight inches in diameter and weighing nearly fifteen pounds.

A trocar and canular was plunged into the cystic portion of the tumor, and the patient turned upon her side, allowing the little fluid present to come away.

The pedicle was tied off with heavy silk, by a slip-noose ligature, and severed. The tumor being removed, the abdominal cavity was flushed with a hot, weak solution of peroxide. Incision was then closed by deep, interrupted sutures and fine, superficial stitches. It was dressed with iodoform and antiseptic gauze, held firmly in place with a snug fitting abdominal bandage.

The stitches were removed on the tenth day, and the patient made an uneventful recovery, which was highly gratifying, considering her age, over sixty years.

E. H. M.



*Therapeutic Notes.*

H. T. WEBSTER, M. D.

OAKLAND.

CALIFORNIA

IS SANGUINARIA AN EMMENOGOGUE?—From the ECLECTIC MEDICAL GLEANER I learned that there is much doubt about this question in certain quarters, the proposition being regarded somewhat as a relic of the past, instead of a living, modern statement. When I wrote the articles on sanguinaria in Dynamical Therapeutics I supposed I was introducing something new to the Eclectic profession in recommending it as an emmenagogue, but I find instead that the proposition is really an old chestnut, and is regarded by Prof. Lloyd as considerable of a fairy-tale. I found that Hale referred to the emmenagogue property of the agent, but it seems that the reputation has been handed down for nearly a hundred years, now to be reported as unfounded and a repetition of what was first recorded, without corroboration. Strange that it should have been nursed thus long and not proven true or false.

My own statements as to sanguinaria come from personal observation. I know that it is an emmenagogue, and that it will do exactly what I state in my work. At the time this was written I did not know that the question had ever been sprung before, except in Hall's New Remedies. I did not copy anything, for I supposed that I was a pioneer in an important medical discovery, so far as our literature was concerned. But alas, the fact was so old that it had become musty, and so corroded that it is considered spurious.

Seven or eight years ago I was summoned one day in great haste to the home of a man who informed me that his wife was flooding dangerously. I hastened to the place and found that the woman was in the midst of a miscarriage attended by great suffering from violent expulsive pains and an alarming hemorrhage, which could only be partially arrested by tamponing. Before I left the room the patient confided to me the statement that she had brought the miscarriage on by taking half-teaspoonful doses of whiskey and bloodroot, the proportions being, if I remember, an ounce to the pint. She stated that she had done this several times before, and I personally know of two more "accidents" of this character, brought on in the same way, occurring to her afterward. An acquaintance of her's who learned the trick from her, availed herself of the knowledge, and I attended her afterward twice in miscarriages, the result of this drug. There is not the least question as to whether it will produce abortion; though the action is slow, it is very positive.

I afterward used this remedy in amenorrhœa with more success than I ever derived from cimicifuga. The only trouble with it is, where there is any possibility of pregnancy being present it is liable to produce abortion, and it therefore is not a safe remedy to use. It is also a remedy that compares favorably with some of our best agents in dysmenorrhœa.

A drug clerk in the East, in conversation with a demi-monde, learned from her that women of her kind often made use of bloodroot in cold infusion for the purpose of producing abortion, and as the statement seemed



incredible, Prof. Lloyd was referred to as authority on the matter. His reply was published in *THE WESTERN DRUGGIST*, and I will append it as his estimate of the property under discussion; for it is valuable as a historical reference, at least:

"In 1803 William Downey, of Maryland, at an inaugural dissertation to the University of Pennsylvania, presented the first study of sanguinaria, although Schoepf in his *Materia Medica Americana*, 1787, had previously described the plant and mentioned some of its uses. After giving its use in jaundice, sore throat and other conditions in which sanguinaria is still employed, he said: "Amenorrhoea.—It is very uncertain whether our medicine possesses any other quality than that of a powerful stimulus, and that its action is upon the system generally. One case, however, related to me, seems to show that it manifestly exerts an influence, sometimes over the uterine system. A young woman who was pregnant, by taking a small quantity of it, with a view to excite a sweat, produced thereby an abortion. Perhaps, when other remedies fail, in obstruction of the menses, it might be worth while to try it."

Following this Rafinesque: "It must not be given to pregnant women since it is known to act on the uterus powerfully, and even cause abortion whence its use in amenorrhoea."

These references gave the plant "said to" value in medical literature to which you refer. Without additional testimony we find, continued from revision to revision and introduced into new works also, the statement that sanguinaria is useful in amenorrhoea as an emmenagogue.

In this connection it may be stated that eclectic physicians do not use it as an emmenagogue. Scudder classed it as a "stimulant to mucous membranes" and declined to mention its "said to" value in amenorrhoea, although Prof. King mentioned among

other terms the word amenorrhoea (reputed use) but gave no directions for its use. The reputed value of sanguinaria as an emmenagogue originated in the paper of Downey, 1803, and from that (without corroborative testimony) has continued to the present day."

The *ECLECTIC MEDICAL JOURNAL* of July contains an editorial on sanguinaria in which the writer agrees, as to its action upon the uterine functions, essentially with William Downey, as he remarks that it acts in bringing the menses on "more especially because of its general stimulating and tonic action upon the body through the vegetative system of nerves." The same writer seems to doubt that the remedy will produce abortion, as he remarks that he sees "it written that because of this action on the reproductive organs of women it will produce abortion, and should be given with care to a pregnant female. We have never seen any dire results in this direction, and cannot, therefore speak from experience"

In this connection, I might respectfully suggest that if we had a little more experience and less reliance upon the records in Cincinnati, we might get a little nearer the meat in the nut, in reading its literature.

From all I can now learn, it seems that I am the only person who has ever written upon the subject from any personal experience, though considerable has been written in the past and some in the present.

A HOME PRODUCT OF PHYTOLACCA.—For the past six or seven months I have been testing a California product of phytolacca in my practice, and am very much pleased with results. I had learned, through some of our



students, that the poke root grows wild in many places in the Coast Range, and have been using a tincture prepared from a monstrous root brought down from near St. Helena by one of our senior students, last January. The root attains a size three or four times as large as in the East, and it seems a question whether, in a different habitat, the plant would retain the properties which have distinguished the eastern preparation, from material grown in so different a climate.

I prepared a tincture by slicing the fresh root (which was first washed,) into thin pieces, packing them into a large glass fruit-jar, pouring on enough alcohol to cover the sliced root, and afterward screwing on the cover. This I allowed to stand three weeks, when I poured the liquor off, and found that I had an elegant preparation to look upon, at least. I had nearly three pints of a tincture of *phytolacca* which apparently compared well with the best preparation I have ever found in the market in clearness, odor and taste. The next point was to determine whether I had a preparation which would yield the results I desired in a therapeutic way. The past few months have furnished numerous cases of pharyngitis, tonsillitis, angina faucium, caked breasts, etc., to test it fairly well, and I find that its action is all that can be expected of any preparation of *phytolacca*, for nothing could be more specific. I have not tested it in aphthæ, but think, from what it has already done, that we need not go east of California for as reliable a product of *phytolacca* as the Earth affords.

The sliced root yields strength

enough to furnish a tincture to the second covering of alcohol, and after the first is poured off, I would recommend this plan, allowing the second liquor to remain until it is needed. In a few months' time the second preparation will be found to possess the requisite properties.

There are half a dozen remedies which are far-fetched and dearly bought, which Californians can have at slight expense, if they will exercise a little forethought and judgment, with the least amount of exertion. In our climate we can produce almost anything that will grow on the earth, both the plants of tropical and temperate regions. The cactuses, tinctures from which are so expensive in the market, can be raised here with almost no trouble at all, and the least effort in the world will enable the practitioner to keep on hand a large supply of tincture of *cactus grandiflorus*, at about the cost of the alcohol. When we buy this in the market we pay at the tune of about forty cents an ounce. I may refer to this matter of home products again.

In spite of Dr. Pierce's rather severe strictures on my article, "The Silver Question," I may be permitted to remark, perhaps, that I am in receipt of several congratulatory letters from prominent members of the profession, felicitating me upon it. "All's well then that ends well."

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"The single doctor like a sculler  
plies,  
The patient lingers and by inches  
dies ;  
But two physicians, like a pair of  
oars,  
Waft him with swiftness to the Stygian  
shores."—Addison.



*Medical Societies.*

Oakland, Cal., July 9, 1895.

The Alameda County Eclectic Medical Association met in regular session at 8 p. m.

Roll call was responded to by the following physicians: Drs. Farrar, Sharp, Stetson, Stone, Metcalf, Tucker, Wade and Derrick.

Minutes read and approved.

Dr. Stetson being called out, Dr. Tucker filled the chair.

A paper was presented by Dr. Farrar, entitled "Salpingitis," which was well written and interesting. Among the causes of Salpingitis the essayist mentioned colds, abortions, gonorrhoea, etc. Treatment to be local and constitutional. Anodynes, counter-irritation and rest in the recumbent position were mentioned. Dr. Sharp would favor aspiration, but this was opposed by Drs. Stone and Wade. Dr. Tucker thought it could not exist as an independent disease primarily, but is concomitant with, or follows inflammation of other parts, such as vaginitis and endometritis. It was questioned by some whether it ever arises from the effects of exposure.

Dr. Fearn was appointed essayist for the next meeting.

Adjourned till July 23rd.

V. A. DERRICK, M. D., Secretary.

Oakland, Cal., July 23, 1895.

The Alameda County Eclectic Medical Association met in the office of the Vice President, at 1116 Washington street, Dr. Stetson presiding.

The members present were: Drs. Church, Derrick, Farrar, Fearn, Sr., Fearn, Jr., Jones, Metcalf, Stetson, Tucker, Turner and Wade.

Minutes of previous meeting were read and approved.

Dr. John Fearn was the appointed essayist for the evening, but, owing to lack of time from other pressing duties during the past two weeks, he was compelled to apologize for the incompleteness of his paper, the substance of which was about as follows:

REMEDIES IN RHEUMATISM.

An article published by H. T. Webster, M. D., in the *Eclectic Medical Journal*, has done good service by calling attention to what, to a large majority of physicians, will be a new use of an old remedy.

The remedy is Rhamnus Californica and Dr. Webster has used it with good success in rheumatism. From this announcement a good many have jumped to the conclusion that the article is put forth by the doctor as a panacea for rheumatism, and hence he is in receipt of communications from the Atlantic to the Pacific for this remedy.

The doctor is too good a therapist to put forth this remedy as a panacea for rheumatism, either acute or chronic; and yet he is right in recommending it in this disease. In rheumatism, associated with certain pathological wrongs, it is a grand remedy. Rheumatism has so many different causes, that no single remedy can meet all the pathological wrongs, and remove all the causes of rheumatism, and therefore prove curative in every case.

There are many theories as to the cause of rheumatism—of course, at present they are only theories,—but those given by Osler are, to my mind, as near correct as any of the guesses that have been made. They are:



First, the Metabolic. That it depends upon a morbid material produced in the system in defective processes of assimilation. Prout suggests that this material is lactic acid. Latham thinks there are combinations into which lactic acid enters. Richardson claims to have produced rheumatism by injecting lactic acid, also by its internal administration.

Second theory, the Nervous. Advanced by J. K. Mitchell. According to this theory the nerve centers are primarily affected by cold, and the local lesions are really trophic in character, or the primary nervous disturbance leads to errors in metabolism and the accumulation of lactic acid in the system.

Third, the germ theory; that the disease is due to a specific microbe. Those who urge this theory call attention to the analogy existing between rheumatism and certain of the infectious diseases, such as gonorrhœa, scarlet fever and septic processes, which are frequently associated with arthritis and endocarditis; but careful observers have not been able to prove the presence of any microbe as specific or peculiar to this disease. For my own part, while looking with considerable favor on the first two theories, I see no substantial reasons for adopting the third.

Now, as various as are the theories of the cause of the disease, so are the remedies, and these remedies must be chosen according to the pathological conditions present.

The first thing in importance to do, in my opinion, is to see to the secretions and excretions—are they normal or abnormal? If they are not normal let the wrong be righted. The early

Eclectics made much of this and hence their wonderful success. If the conditions are those of acidity or alkalinity, they must be rectified before any good work can be accomplished.

When we come to remedies, we have in our Eclectic Materia Medica many remedies, each one having its own peculiar merits, and each one calculated to meet some special condition, and in many cases each one better able to meet the wrong, when given alone, than when mixed in with others. So that it were vain in a short paper to dwell upon them fully. But I will mention a few, and the student of specific medication will assign each one to its particular place, only particularizing on the one that calls for these remarks.

Specifics—aconite, belladonna, gelsemium, veratrum vir., bryonia, rhus tox, colchicum, juglans cinera, ailanthus glandulosa, acetate, citrate and iodide of potassium, soda benzoate, lithia benzoate, xanthoxylum frax, macrotys rac., caulophyllum t., wafer ash, galium arcticum, lappa, alstonia constricta, podophyllum, leptandra, salicylic acid and soda, and others too numerous to mention.

Among the tissue remedies, ferrum phos., calc. phos., kali mur., mag. phos., kali phos., nat. phos. and nat. mur.

Some one who has not tried the tissue remedies might think they would be poor anti-rheumatics. In reply I will state that in a case of sciatic rheumatism, in my own practice, where the pain was severe but spasmodic, mag. phos. gave quick and splendid results. As for rhamnus (frangula gray) California Eschscholtz, a good description of this tree can be found in the National Dispensatory, fifth edition



Stille. Marsch. Caspari., Lea Brothers, 1894, also in Prof. Greene's Manual of the Bay Region Botany. In California it grows along the seaboard on sandy plains, where it is a low shrub; also among the hills and canyons of Alameda county, where it runs up to twenty or more feet in height. The bark is the part used, and like other members of the *rhamnæ* family it has laxative properties.

I have always contended, since first investigating this class, that they should not be used as cathartics, but only as laxatives. They seem to be powerful tonics to the vaso motor system, stimulating to some extent the secretory apparatus of the alimentary canal, exciting peristaltic action, thus restoring normal activity to the bowels.

We have cases of very obstinate constipation following the continued use of drastic cathartics. In these cases the bowels seem to get into a condition of semi-paralysis. For the relief of this condition *rhamnus Purshiana*, as also *rhamnus Californica* are good remedies, in fact the best of the class.

The above therapeutic considerations give the key to the kind of rheumatism that can be relieved by *rhamnus Californica*. It is the case complicated with constipation. Whenever the bowels fail to relieve themselves of their contents at proper intervals, the liquid portion of the feces become re-absorbed, giving rise to blood poisoning errors in metabolism, which may be either constructive or destructive metabolism. Given a case of rheumatism where the alimentary tract is in a condition of atony, the bowels constipated and the blood loaded with broken down material which should be thrown out of the system—that is the

case on which to try this remedy, and it will not disappoint you. But in a case of chronic rheumatism the remedy needs to be continued for some time. But one cannot give *rhamnus Pursh.* very long, even in small doses, without getting the bowels too active. I have seen two to four drops, three times a day, act too freely when continued. Here is the advantage of *rhamnus Californica*. The fluid extract can be given in doses of from five to even thirty drops three times a day, and kept up; and this is a very great advantage. The bowels are relieved and its cleansing and detergent work goes on, eliminating from the system effete or end products, and all the time acting as a tonic and an efficient aid to digestion and assimilation.

Just one case in point. A friend of mine was treating a lady some years ago, her difficulty being chronic constipation very pronounced, complicated with rheumatism. He first attacked the constipation and general atony with *rhamnus frangula*. Sometime after she reported that the constipation was relieved, and with it had gone the rheumatism.

Another great advantage of the *rhamnus Californica* is the fact that it is not near so bitter as the *Purshiana*. This is no small thing when we remember that in the present day many people seriously object to bitter remedies.

There is one trouble: this remedy is not common on the market, and therefore it will be difficult to get. I have just consulted three catalogues of large makers of fluid extracts, and I do not find it in either one of them. This gives rise to the danger of substitution. But I am sure that if physicians



will call for it, our leading pharmacists will soon prepare it.

At the conclusion of his address the doctor exhibited a branch of the genuine tree, with leaves and berries, which he had procured the day before; also the members were each treated to a dose of the genuine fluid extract the doctor had prepared some five or six years ago. It was pronounced by all the members present to be much less bitter than the ordinary rhamnus Purshiana. Some were so infatuated with the new drink that they wanted more.

The discussion which followed was very interesting. Nearly all concurred with the essayist as to the merits of the rhamnus frangula, and other remedies were mentioned which were favorites with the various doctors.

Dr. John R. Fearn was appointed essayist for the next meeting, and Dr. O. L. Jones as alternate.

The name of Dr. George H. Derrick was proposed for membership, and he was unanimously accepted as a fellow of the association.

Motion to adjourn was carried  
VICTORY A. DERRICK, M. D.,  
Secretary.

We have boiled the hydrant water,  
We have sterilized the milk;  
We have strained the prowling microbe  
Through the finest kind of silk;  
We have bought and we have borrowed  
Every patent health device,  
And at last the doctors tell us  
That we've got to boil the ice.

—Chicago Record.

## Alumni and Personal.

DR. DORA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S. F.

The JOURNAL appreciates the kind words from Dr. G. W. Harvey, '94, Williams, Arizona, and agrees with him that in ability Eclectics are second to none.

We are glad to hear from Dr. J. J. Van Male, '87, that he likes his new home and is doing well in Honcut, in spite of hard times.

Dr. J. A. McKee, '80, Elk Grove, knows how to reach the editor's heart. He not only sends \$s for the future, but asks for odd back numbers, "as I wish to have them bound and preserve every number."

Dr. W. S. Groves, '95, is given a ready welcome to the JOURNAL list, and we also hope to enroll him as a contributor. We wish the doctor all success in Vallejo.

We agree with Dr. A. Sprague, Visalia, that there is no place like California.

We judge somewhat of a man's success by his standing on our list, and thus were very glad to send receipts in full to Dr. J. T. Pimell of Milton, Oregon, and Dr. Sherman T. White of Anderson, Cal.

A. G. McKee, M. D., '80, has a flourishing practice and drug business at Elk Grove, Cal. The doctor has been fifteen years in the harness, and would like a rest. Anybody with plenty of



shekels who is looking for an excellent location will do well to communicate with the doctor.

FOR SALE.—A splendid location and good practice. One of the best in all California. In the midst of the finest fruit section and rich mines. Reasons for selling, age and poor health. Must have freedom from care. To a good physician and surgeon the place is easily worth from \$2500 to \$4000 per year. Horse, harness, buggy, household goods, vapor bath apparatus and large supply of Eclectic drugs included in sale. Address Box 25, Auburn, Cal.

Dr. B. T. Freshman, '95, Stockton, Cal., has been very ill from an attack of appendicitis, but fortunately escaped without an operation and is better again. He sends the following prescription for sexual neurasthenia with involuntary losses, asked for by the "Doctor's Son" in the last issue:

R  
(Spec. M) Staphisagria,     zi  
"     Belladonna,     gtt xv  
"     Salix Nigra,     ʒiss  
Aqua,                     q. s. ad ʒiv

M Sig.—One teaspoonful before meals and at bedtime. Regulate bowels with Scudders's podophyllum and hydrastis pill.

Bad news from a good Eclectic. The writer of the following has our most sincere sympathy :

BANGOR, CAL., Aug. 21, 1895.  
Editor Alumni Column,

DEAR DOCTOR:—Perhaps you have seen in the papers of the burning of my house and office on the 14th inst. My wife and I had breakfast at 2:30, and joined a fishing party at 3:30, and at 5 o'clock my house was discovered on fire. Cause of fire is unknown, but supposed to have been a defective flue

as the fire started above the ceiling near the stove pipe. I lost all my drugs, instruments and library, together with my day and cash books, notes and accounts. My loss in building, furniture, etc., is not less than \$1800, and \$1000 or \$1200 in notes and accounts. Had \$1000 insurance.

Yours very truly,  
P. F. BULLINGTON, M. D.

A marked copy of the Althena, Oregon, Press is at hand with the following:

"Dr. J. A. Moffitt of San Francisco, and Miss Mabel L. Walter were united in marriage, Tuesday, August 13th, at the residence of the bride's parents, near Althena, Oregon. Dr. Moffitt formerly resided in Althena, where he successfully followed his profession. The bride is a very estimable young lady, the daughter of ex-County Commissioner Clark Walter, and has hosts of warm friends in this portion of Umatilla county, who extend to her their most hearty congratulations. The couple will leave for San Francisco about September 1st, and they will take with them the best wishes of all."

The Alumni Column joins other friends in congratulations for the happy couple.

Toledo, Ohio, has the distinction of being the healthiest city in the United States, the mortality rate in 1894 being but 8.5 to the 1000. Helena, Montana, stands next with a rate of 9.05. San Francisco has a record of 18.84, while Charleston, South Carolina, is at the foot of the list, with a death rate of 27.29.

It is suggested that if subscribers who are in arrears would pay up we might play the same trick upon our creditors.



## CALIFORNIA :: MEDICAL :: JOURNAL

Published by the California Medical College.

DR. C. N. MILLER, Managing Editor.

*Terms: \$1.50 per annum, In Advance.*

The Editor disclaims any responsibility for the statements or opinions of contributors.

Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the  
CALIFORNIA MEDICAL JOURNAL.  
1422 Folsom Street,  
San Francisco, - - - California.

### *Editorial.*

#### On to Portland.

The JOURNAL can not understand why any Californian should object to the meeting of the National on the Pacific coast. Californians are noted for their hospitality, and in behalf of the Eclectic physicians of this state, the JOURNAL extends a hearty welcome to our Eastern brethren.

The National has decided to come to Portland next year, and the only matter for us to discuss is how best to entertain the visitors and make their stay the most agreeable to them and profitable to Eclecticism on the coast.

We have held the banner aloft, and no State in the Union has made better progress in advancing American medicine than ours since the birth of OUR JOURNAL. Dr. Fearn will bear me wit-

ness that when he and I came to this land of promise there were not many more good Eclectics on the coast than there were good men in the cities of the plains. Now we have about five hundred and still increasing.

We are far from the East, and the great centers of learning, and should avail ourselves of every opportunity of hearing the wise men from the rising sun discuss things both new and old. It further affords us the means of becoming better acquainted with our neighbors to the north and south, when we shall all go on to Portland.

The National should encourage us. We are members of the great fraternity and worthy of consideration. Their decision to visit us was a wise one. It will help us and do us good. We will not disappoint them in our attendance. Let our cry be: "On to Portland and success to the National!"

MAC.

#### Work of the Editors.

As we go to press the convention of Western editors is in session in Salt Lake City, and has come out solid for silver, passing the following resolution:

*Resolved*, That we demand the free coinage of silver and gold at the ratio of 16 to 1, without waiting for the action of any foreign government.

It will be disastrous for the country not to have the struggle over the silver question short and decisive. Instability of value in whatever is used as money places all business interests in jeopardy, and is a source of great hardship alike to both rich and poor.

A narrow view of the question, or a policy stubbornly maintained in spite of facts and logic, is not what the exigency demands. There must be



breadth of comprehension, practical forethought, sagacity and true patriotism constantly in exhibit.

What every one wants is plenty of good, acceptable money—money, concerning the value and stability of which, there can be no shadow of a doubt.

If it has come about that we can not have this of silver, then let us have it of something else; paper, if need be. We do not want a money simply because it is white or shiny, but because it is useful and satisfactory in the transaction of business.

It seems that in the progress of civilization silver has been weighed in the balance and found wanting. It is no longer precious enough for money; it has become too cheap.

Now, if it be true that the earth always revolves from west to east, and never from east to west, and if, with like constancy, reforms always move forward and "never go backward," then even a Western editor may rub his eyes and prophesy, that for the free and unlimited coinage of silver, the mints of Christendom, or any considerable portion thereof, will never again be opened!

Nature with unlimited supply, and man with unlimited coinage do not complement each other to the making of a medium of exchange that will circulate unchallenged. The element of preciousness is eliminated, and people in major business transactions do not want such a medium and will not use it.

It will be expensive folly to attempt to force a scarcity of silver and thus increase its value by free and unlimited coinage. Obstacles stand in the way that are cloud-high and eternal—the Sierras.

M.

### Our Jim.

We mean our Governor Jim, not our Pompadour Jim, who amuses the people with his exhibitions of cleverness in the manly art.

Governor Jim, we understand from the public press, has been very ill, but is now slowly recovering, thanks to the skill of a good Homœopathic physician. We do not admire our Jim's consistency. When appointing a Board of Health for San Francisco, Allopaths were good enough for us; but when he became sick himself, nothing but a Homœopath would do him. Or, do we misjudge him? Perhaps it was the other way. A Homœopath was good enough for him, but not good enough to look after the health of San Francisco.

The workings of the human mind are strange; its conclusions difficult to understand or foresee. But we do love to see a man consistent. The Governor is no better than the rest of us, and what is good enough for the people should be good enough for him.

We consider that he has shown bad taste, but good judgment, in the selection of his physician, and rejoice with the rest of our fellow-citizens in the prospect of his near recovery. MAC.

### Sand

"You can get to any station that is on life's schedule seen,  
If there's fire beneath the boiler of ambition's strong machine,  
And you'll reach a place called Flush-town at a rate of speed! that's grand,  
If for all the slippery places you've a good supply of sand."





### Our Frontispiece.

The portrait of our Professor W. B. Church, M. D., of the California Medical College, is presented as our frontispiece in the present number. The doctor has lead an active life, is a man of great experience, and is one of our best known Eclectic surgeons. He was born in Pennsylvania in 1836; educated in the district schools, and at Antioch College, Ohio. while that institution was presided over by Horace Mann.

In early youth he manifested a very strong predilection for the study of medicine. After graduating he was a teacher in the public schools for three years, reading medicine in the meantime. The advent of the civil war interrupted his medical studies, and he enlisted as a private in the 32nd Iowa Infantry and was successively promoted to the positions of hospital steward and assistant surgeon, serving three and a half years.

The exposures incident to army life entailed permanent invalidism, which has considerably impeded his subsequent career. After the close of the war the doctor settled in Marshall, Michigan. His medical studies were resumed and he graduated from the Eclectic Medical Institute in 1866. His practice in Michigan for the next twenty-four years was extensive. He was president, for several terms, of the Michigan Eclectic Medical and Surgical Society, and acquired considerable repute as a surgeon, performing over thirty abdominal operations at different localities in that state. Increasing illness caused him to remove to California in 1890.

Prof. Church now has a private hos-

pital in Oakland, devoting his attention to abdominal surgery and consultation practice. He takes great interest in his chair of Physical Diagnosis, in the California Medical College, and his relations with the faculty and students and the Eclectics of the coast are very cordial; and, altogether, his last days promise to be his best.

### Write for Our Journal.

Doubtless many of our physicians who never write for our JOURNAL would do so if they were more certain of their grammar and rhetoric.

To be skillful in those studies is a fine accomplishment, but, as we all know, is not necessary to enable one to be both a successful and influential physician.

We do not expect of contributors a faultless style, nor perfect spelling. It is only necessary that the writing be as plain as possible, that there be plenty of room between lines and words, and that only one side of the sheet be written upon.

Pass up your papers. Tell plainly what you have done and what you have learned. We will, if necessary, put it into shape for the printer.

### Congress of Medico-Climatology.

At a meeting of the officers of the World's Congress of Medico-Climatology held in Chicago, June 25th, it was decided to make an active move toward preparing for the Congress to be held in 1898. Communications regarding the Congress should be addressed to Dr. W. S. Rowley, corner 35th street and Wabash avenue, Chicago.



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**The Ax.**

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The new Board of Health of San Francisco has been swinging the ax with a lively motion, and decapitating the heads of former employees with unerring aim. It may be good politics, but it certainly is not in the interest of good government or the best interest of the city to make such sweeping changes.

Science knows no politics or parties. The health of the city should not be the game of politicians. Where men are found competent and faithful in the discharge of their duties it is a mistake to remove them to make places for pets or favorites.

It is unreasonable to suppose that the appointees of the former Board were all incompetent. The members of the preceding Board were at least men of ordinary good judgment, and each as honorable as the average man. They must have selected some good officers which the ax should have spared.

We notice that the head of the Superintendent of the City and County Hospital is still unmolested. Dr. Titus we believe has made a good executive officer under the many difficulties with which he has to contend. His is a position of grave responsibility, hampered by insufficient authority.

To hold a man responsible for conducting an institution when he cannot even procure a roll of bandages without going to the Board of Supervisors, is an injustice. The method of conducting the hospital is faulty and should be corrected. The Board of Health should have a specific sum to be expended by the Superintendent of the hospital, for which he should be

held responsible for wisely and economically dispensing. MAC.

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**Water.**

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By the latest method of treating cholera it seems that the main reliance is upon the free use of pure water. The poison is carried from the system through flushing the colon frequently by copious enemata, and washing out the stomach and, through it by absorption, all parts of the organism by drinking pure water in large quantities.

That water is not more successfully used in the treatment of many other diseases is doubtless due to the difficulty of obtaining it in a sufficiently pure state to have it produce therapeutic effects that naturally would be expected of it.

Water that has been in contact with the earth is not  $H_2O$ , not water chemically pure, by any means, but a compound solution of no one knows what. Hence the free use of *that* as a drink, either to preserve health or to cleanse the system of impurities, and so aid in overcoming disease, is not well borne by the organism and as a rule is not successful.

But with the use of water properly distilled and aerated, water C. P., the result is different. It is the very substance of which the system almost in its entirety is composed. It is man's natural drink, and he never tires of it any more than an infant tires of its mother's milk. Fresh, sparkling and invigorating, and at the same time bland and wholly unirritating, it can be administered in such quantity as to actually wash impurities from the stomach, kidneys and all other organs and even from the blood itself.



In the use of water there needs to be a work of education until people demand, that for drinking purposes it shall be artificially prepared. With the demand will come a full supply.

Water being an almost universal solvent is the most easily contaminated of all known substances. Strange that man should labor so to improve all things else, and yet take his drink as he finds it—on the dirt.

#### The California Medical College.

The next regular term opens on the 7th day of October. Students commencing with this term will be required to attend four years.

Numerous alterations have been made, and new class rooms fitted and furnished for a complete grading of the school. Additions to the corps of instructors make the faculty complete in every department. A new departure has been made in the curriculum in teaching latin and physics during the first term. We have found this to be necessary as even many with first-class teachers certificates are deficient in these branches.

The Maclean Hospital has been established under the supervision of the faculty of the College. It is a commodious building capable of accommodating a hundred patients. It will afford students an opportunity of witnessing all kinds of operations and observing the progress of cases.

The World's Congress of Medico-Climatology made a permanent organization at the Medico-Climatological Congress, held during the World's Columbian Exposition at Chicago May 29 to June 3, 1893. Next inter-

national meeting to be held in 1893. Membership fee for five years, \$5.00. General Office, 3501 Wabash avenue. W. S. Rowley, M. D., Corresponding Secretary and Committee on Transportation, corner 35th street and Wabash avenue, Chicago.

Frederick C. Woodburn, Secretary of the Mississippi Valley Medical Association, desires to announce that the railroad rates for the Detroit meeting, September 3, 4, 5 and 6, will be one and one-third fare on the certificate plan. In purchasing ticket to Detroit full fare will be paid. On request the local ticket agent will furnish purchaser with certificate which will be handed to the Secretary at Detroit. This certificate, when signed and vised by the agent of the Central Traffic Association, will entitle the holder to a return ticket at one-third the regular fare.

#### The Maclean Hospital and Sanitarium.

Eclectics of the Coast have long desired an institution in which could be shown the workings of our methods at their best. A sort of Eclectic nucleus or head center which should become known throughout the entire country by presenting daily demonstrations of the wonderful results attainable in the relief of the various ills to which flesh is heir, when nature and man work in harmony.

A good start for such an institution has now been made by the opening of the Maclean Hospital and Sanitarium. We commend the establishment to the lively interest and regard of all our physicians, and expect to have frequent reports of good work done there. Further particulars can be gained by referring to our advertising pages.



## *Publisher's Notes*

### What are Normal Tinctures?

A "Normal Tincture" is an alcoholic solution, (hence a tincture), representing its own weight of the drug from which it is made, and is a definite and uniform fluid equivalent of such drug. Tincture one-half the strength of the "Normal Tincture" is called a "Semi-Normal Tincture;" so, too, tinctures may be Deci-Normal (1-10th of normal strength), etc.

These tinctures are prepared according to the standards of medicinal strength and the principles of manipulation laid down in Merrell's "Digest of Materia Medica and Pharmacy," the Pharmacopeia adopted by the National Eclectic Medical Association.

In placing this line of fluid medicines upon the market, the Wm. S. Merrell Chemical Co., of Cincinnati, Ohio, are to be congratulated. Accuracy in dosage, elegance and reliability in preparation, "rock-bottom" prices—these are features which commend them to physicians. Send for price list to California Drug Co., San Francisco, Pacific Coast agents.

### Great Success in England.

J. A. De C. Williams, A. M., M. B., L. E. R. C. P. I., Killucan county, West Meath, England, writes:

"I have much pleasure in informing you that I have obtained more than the average success met with in drugs when I used PIL. APHRODISIACA (LILLY), more especially in cases of nervous prostration and sexual debility, patients often wishing to continue the pills after cure, they are so pleased with their effectiveness."

### Render the Intestinal Canal Antiseptic.

The Materia Medica gives at least one intestinal antiseptic. It is Salol. Professor Hare, in the last edition of his Practical Therapeutics, says that Salol "renders the intestinal canal antiseptic, and so removes the cause of the disorder, instead of locking the putrid material in the bowel, as does opium." He regards Salol as "one of the most valued drugs in the treatment of intestinal affections." Have we a substitute for opium for the relief of pain? Here comes in the American coal-tar products the first of which, for the relief of pain, stands Antikamnia. Therefore, we conclude that to remove the cause, to render the intestinal canal antiseptic, we have an invaluable remedy in Salol; while to remove accompanying pain, to quiet the nervous system, and to reduce any fever which may be present, we have a remedy equally efficacious in Antikamnia; *an ideal combination for the treatment of this large class of diseases, and we may specially cite Typhoid Fever.* These two drugs are put up in tablet form, called "Antikamnia and Salol Tablets," each tablet containing two and one-half grains of Antikamnia and two and one-half grains of Salol.

HOW A PHYSICIAN INCREASED HIS PRACTICE.—It is my pleasure, and also duty, to report that my success with Sanmetto is far beyond expectation. It has affected a cure in every case for which I have employed it. It has been a complete success in kidney and bladder troubles. I have also used it in gleet and gonorrhea with perfect satisfaction. In some cases I add one drachm of ergot and tr. opii, or liq. strychnia to the bottle, as circum-



stances may call for, and I always have a favorable result. I have to say that my practice has increased since I commenced the use of Sanmetto, and I prescribe it daily. N. J. LUND, M. D.

Marinette, Wis.

A STRANGE PHENOMENON OCCURING IN A CASE OF GONORRHOEA—I have been prescribing Sanmetto in nearly all urinary diseases for the past four years. I treated a case of gonorrhea about three years ago, the result of which is without parallel. After treating case four days considerable hemorrhage occurred, then followed the strangest phenomenon I have ever seen—strings of muco-purulent consistency, over a yard long passed from the urethra. This peculiar condition continued several days, when I thought of Sanmetto. After taking teaspoonful doses of Sanmetto every four hours for twenty-four hours, he was relieved of the trouble and recovered rapidly afterwards. I. N. DAWNSON, M. D.

Dunoansby, Miss.

SUCCESSFUL TREATMENT OF DYSENTERY BY IATROL.—The first case in which I used Iatrol in dysentery was in treating a child two and one-half years of age. I hesitated about using Iatrol until every other means that I had ever used before had failed and I had not the slightest hopes of her recovery. I then made a solution of five grains of Iatrol and one quart of warm water, introducing this fluid through a soft catheter as far up the bowels as possible. The result was almost magical. No more blood after the first washing, a few stools of slime or mucous, then natural movements. The child made a rapid recovery. I have used Iatrol

in all severe cases of dysentery since, increasing or diminishing dose as indicated, using in very warm water every four, six, eight or twelve hours with the most happy results.

J. H. Sackrider, M. D.

East Randolph, N. Y.

SALO-SEDATUS.—“Enclosed find \$2.00 for two ounces of Salo-Sedatus. I consider it the best drug in any case for fever and headache, and for children. It has not failed me yet.”

T. T. STOUTENBERG, M. D.

To Salo-Sedatus Chem. Co.,

St. Louis, Mo.

ACUTE MANIA.—(Extract from a paper by W. H. DeWitt, M. D., read before the Academy of Medicine of Cincinnati, May 13, 1895). The medical treatment of these cases is very simple, and can be disposed of in a few words. To procure sleep and quiet is perhaps the greatest desideratum, and I know of nothing so certain in its action as chloral hydrate, given in 40 or 60 grains. It may be given alone or combined with one of the bromides. The “Bromidia” of Battle & Co. I have always found very reliable. It is almost certain to quiet and produce sleep. You will occasionally meet with cases that resist the influence of chloral even in large repeated doses; here opium or some one of its derivatives, either given alone or in connection with the chloral, will be found of service. If hypodermically administered not less than  $\frac{1}{3}$  gr. should be given. Small doses only excite the patient, and do more harm than good. Hydrobromate of hyoscine has some advocates. The milder hypnotics, such as sulfonal, chloralamid, etc., are not to be thought of in these cases; they are practically inert, and do no good.



### New Treatment of Asiatic Cholera.

Selection from a paper by Elmer Lee, A. M., M. D., PH. B., Chicago.

Spasmodic cholera — called also malignant, epidemic, Asiatic, Indian, blue, and pestilential cholera—is generally epidemic, though not contagious. The first symptoms are generally experienced during the night, sometimes beginning with a light general uneasiness and moderate diarrhea; at other times the symptoms come on violently and follow each other rapidly. In fatal cases death usually occurs at some period between six and twenty-four hours; in a few fatal cases the patient lingers two or three days. The ordinary course of symptoms are more or less diarrhea; the discharges at first feculent, but soon presenting the appearance of rice-water or gruel; there are flying pains, or sense of coldness in the abdomen, as if purgative medicine were about to operate; the countenance is pale; there is nausea, vomiting, prostration of muscular power, and nervous agitation; cramps in the legs, arms, loins and abdominal muscles, more or less severe; small, weak pulse, intense thirst, and urgent desire for cold water; in most cases cold, clammy skin; all these symptoms may appear successively or almost simultaneously. In some cases the premonitory symptoms exist for eight or ten days; and sometimes the patient is prostrated at once. When the disease comes on suddenly the cramps usually begin in the fingers and toes, rapidly extending to the trunk; the eyes are sunken and surrounded by a dark circle; there is vomiting and purging of white matters mixed with flocculi; the features

are sharp and contracted; the expression of countenance wild and confused. The face, extremities, and often the whole surface of the body manifest a varying intensity of a leaden, bluish or purplish hue; the extremities shrunken, the nails blue, the pulse thready or wholly imperceptible at the wrist, arm, axilla, temple or neck; there is great restlessness, incessant jactitation, severe pain in the epigastrium, loud moaning or groaning, difficult and oppressed breathing; difficult inspiration, with short and convulsive expiration; voice hoarse, whispering, or nearly suppressed and plaintive; the tongue is white, cold and flabby, and the external temperature often sinks below 80 degrees; convulsions recur at short intervals, or a constant tremor exists. The secretions of bile, saliva, tears and urine are entirely suppressed, and a cadaverous odor exhales from the body. The patient retains his faculties to the last.

Some of the symptoms may be disproportionately severe, or may be entirely absent. Those usually regarded as pathognomonic are: watery dejections, blue appearance of the countenance or surface, thirst, coldness of the tongue, and pulselessness at the wrist.

The foregoing description of the symptoms of cholera is indicative of the nature of the disease calling for human aid. The time in which to treat the patient sick with cholera is exceedingly limited. What is to be done must be executed with rapidity. There is not a moment to lose between the time when the patient is first seen and the accomplishment of severely practical efforts. Many wise theories may be promulgated, but there are



few practical measures that will avail against Asiatic cholera. The experiences during the cholera epidemic in 1892 in Europe, both in Russia and Germany, produced in me a profound conviction that, for the most part, remedial agencies that have been used are of questionable utility. Nearly every prominent remedy proposed and tried has been found to end in greater or less disappointment.

The result of prolonged reflection, covering many years, and the observations resulting from personal experience in the cholera epidemic in Europe of 1892, is the conviction that there is provided in the laboratory of the universe a remedy which surpasses the results of human ingenuity as much as does the sun surpass in brilliancy the light of the artificial lamp. The all-pervading and all-wide remedy, the greatest product of omniscient nature's laboratory, which alone can cope with pestilential disease of the human race, is nothing more and nothing less than the unmatched, unmatched  $H_2O$ . Pure water is absolutely the only trustworthy cure for cholera, and if it came at a great price it would probably be more greatly valued. The human organism is so constituted that if it be assisted by  $H_2O$ , every morbid element may be eliminated out of its domain. The acutely poisoned body quickly recovers in equilibrium and its harmony of action as soon as the processes of elimination can remove the invading poison. In the construction of the mucous lining of all the accessible cavities and channels it is prepared by an undiscernable law to successfully resist the entrance of every form of organism. The products of organic action alone are able to pass

into the blood. If sufficient quantities of pure water, of a suitable temperature, are introduced into the body through the natural channels, it is actually possible to wash morbid products as well as organic forms of life, out of the human body. The mouth gives entrance to the causative germs in Asiatic cholera. That is quite conclusively established. The locality of the development and formation of the toxin in the earlier stages is determined to be in the upper end of the small intestine; and from experience, as well as the powers of reflective analogy, there is no doubt that the system can be saved from death if the morbid entity, the germ, be literally deluged away from the alimentary canal by the copious use of a remedy that cannot be of the slightest danger to the victim. The amount of water to be used varies in different cases. It is impossible to use too much; it is possible to use too little. From the earliest moment that the patient is seen, the propositions should be, first, wash the whole alimentary canal with pure water; wash the lower portion by introducing irrigations of warm soap-suds or merely warm water into the colon sufficiently frequently and sufficient in quantity to cleanse that portion of the bowel effectually. The frequency of washing that portion of the bowel which is accessible from the rectum should be one, or two, or three, or four times a day, according to circumstances. At the same time from one to ten quarts of warm, pure water mildly medicated with peroxide of hydrogen or hydrozone should be administered at regular intervals, during the day, as the prescribed remedy by the mouth. If the patient



vomits, very well. Immediately re-introduce the quantity of water that was vomited. No harm can be done in any case, and if it is possible to save life it is possible to save it through this method. It is the quickest and the surest method of exciting the activity of the kidneys, and is the safest. It is the rational and effective measure for maintaining the volume of the blood. It is the scientific process by which to establish cutaneous circulation in the circulation in the capillaries.

The use of simple and useful hygienic measures are the same as in other prostrating diseases. Patients should be fed with regularity at not too frequent intervals, giving the proper time, between administrations of simple food, for its digestion. The use of appliances for maintaining the heat of the body are not to be neglected.

The precise details of the method of treatment indicated at this time will be forthcoming in a subsequent paper.

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### *Book Notes.*

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THE *Woman's Medical Journal* FOR AUGUST, 1895.—All women and all students of the progress and history of medicine will be interested in the August issue of the *Woman's Medical Journal*. There is begun in this number a series of illustrated biographical sketches of the leading women of the medical profession. Those included in the August issue are Dr. Marie Zakrzewska of Boston, who was one of the earliest graduates. Dr. Eliza Burnside of Philadelphia, another pioneer

woman, and Dr. Mary Spink of Indianapolis, an admirable representative of the younger women of the profession. The series will include portraits and notes of all the women now prominent. This being the first attempt in making a history of the individuals who have made up the women in medicine, it will be of great value to all and will no doubt meet with a generous reception. There are also timely articles on various topics by able contributors, all of whom are women, besides valuable information and pertinent suggestions for all. This being the only woman's medical journal in the world, its utterances are of value. It is published in Toledo, Ohio.

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### **Nearly Ready.**

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We beg to announce that we have in preparation for an early issue an authorized translation by Dr. Albert B. Hale, of Chicago, of a Handbook of Diseases of the Eye, by Dr. A. Eugen Fick, of the University of Zurich. This is one of the most complete thorough and compact of text-books. Among its other merits it contains a number of very handsome colored illustrations, not of rare or unusual cases, but of practical matters that will greatly aid the student and be of much service to the practitioner. The retail price will be from \$3.00 to \$4.00.

P. BLAKISTON, SON & Co.,  
1012 Walnut street, Philadelphia.

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Chemically pure water for drinking, furnished by the Ralston Health Food Co. Orders will be received by Dr. C. N. Miller, 114 Geary street, San Francisco. Terms: 60 cents for five-gallon demijohn, delivered free. One dollar deposit required on first package.



### The Pocket Materia Medica and Therapeutics.

A Resume of the action and Doses of all Official and Non-Official drugs now in common use. *By C. Henri Leonard, A. M., M. D.* Professor of the Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine; member of the American Medical Association etc., etc. *Second edition*, revised and enlarged; cloth, large 16 mo., 367 pages, price, post-paid \$1.00; Detroit 1895. The Illustrated Journal Co., Publishers.

The second edition of this popular therapeutic work has had 67 pages added to it, besides typographical errors corrected, etc. A new and complete cross-index has been prepared, which renders the quick finding of a non-familiar drug possible. This is an important feature lacking in many ready-reference books.

The descriptive arrangement of the drugs is as follows: Alphabetically the drug, with its pronunciation, (officinal or non-officinal standing indicated), genitive case-ending, common name, dose and metric dose. Then the English, French and German synonyms. If a plant, the part used, habitat, natural order, botanic description, with alkaloids if any; if a mineral, its chemical symbol, atomic weight, looks, taste, how found, its peculiarities. Then the action and uses of the drug or compound, its antagonists, its synergists and then antidotes. Then follow its officinal and non-officinal preparations with their medium and maximum doses. Altogether it is a handy volume for physician, druggist or student, and will be frequently ap-

pealed to if in one's possession. Its moderate price is to be commended.

A PRACTICAL System of Studying the German Language for the self instruction of physicians and medical students by Albert Pick, M. D., published by Pick & Tanner, Newtonville, Mass.

This is a modern, simple and practical method, enabling physicians and medical students to acquire in a very short time and with comparatively but little effort, the "Medical" as well as common "conversational" German Language. The system comprises short essays on anatomy, physiology, pathology, medical and surgical diseases, examination of patients, etc., with conversational exercises. Every word is underlined with a translation and phonetic pronunciation. It is a work we can heartily endorse.

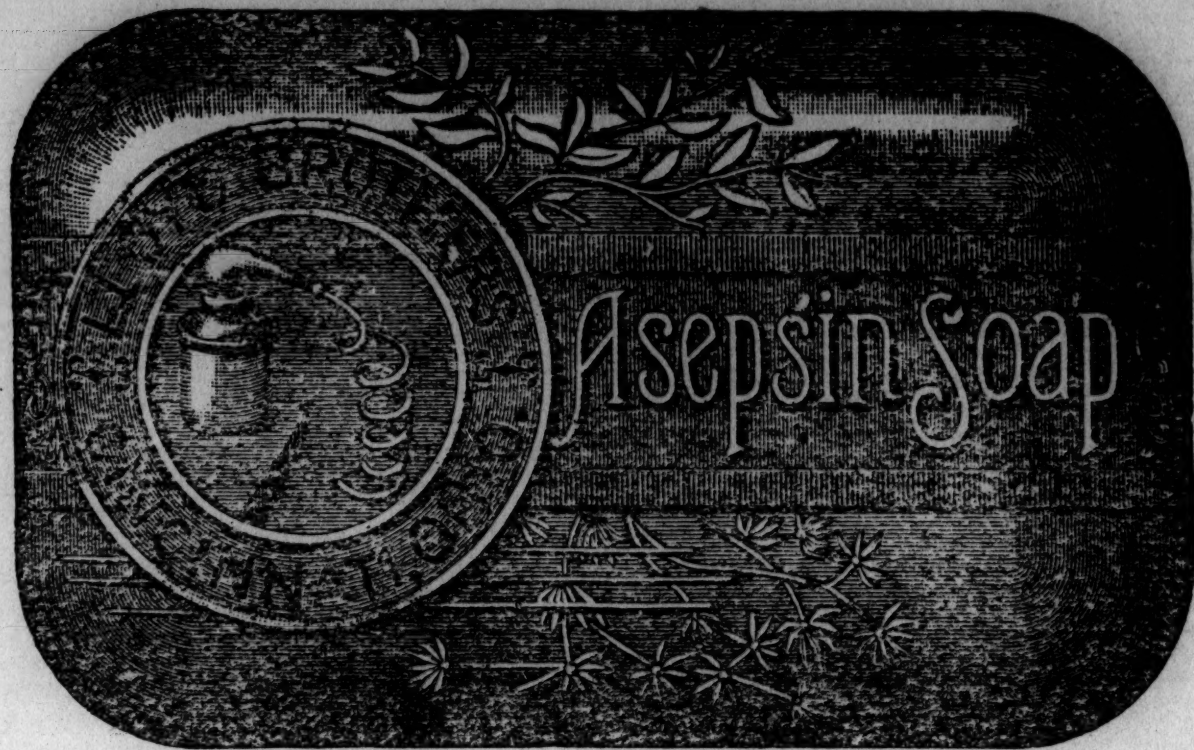
MEDICATED INHALATIONS in the treatment of diseases of the respiratory organs, by John M. Scudder, M. D., with an appendix on diseases of the nose and throat by Wm. Byrd Scudder, M. D. Fourth edition. Price \$1.00. Publishers: John M. Scudders, Sons, Cincinnati, O.

This little work, now revised and enlarged for a fourth edition, is the second in the series of Eclectic Manuals which are being published by John M. Scudders' Sons of Cincinnati, O.

The appendix by Professor Wm. Byrd Scudder on diseases of the nose and throat is a valuable and welcome addition to the work itself, which has a description of the apparatus for inhalations, the various agents (gases, medicated vapors, etc.), employed with their therapeutic action and application to special diseases.



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